U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 23.52	2. Fiscal Year Covered From:		
·	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Shannon R Silva	Name Teamsters Local 683		
	Labor Organization File Number 036 - 805		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4695 Leathers Street	Street 2731 B Street		
City San Diego	Cily San Diego		
State California ZIP Code + 4 92117	State California ZIP Code + 4 92102		
5. Position in labor organization. Secretary-Treasurer			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.     Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
AND THE PROPERTY OF THE PROPER	January 23 - Dinner		
Name Gallo Wine Company  Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
[8] I will be desired the control of	7.b. Amount.		
Street 2650 Commerce Way			
City Los Angeles	\$140		
State California ZIP Code + 4 90040			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed	On		
	Date Telephone Number		

Name of Person Filing Shannon Silva	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Rx Prescription Solutions	Enounce of			
Trade Name, if any:	a. Labor Organization    b. Trust			
P.O. Box, Bldg., Room No., if any Mailstop LC07-119	primaramin'			
Street 3515 Harbor Blvd.	c. Employer	The second secon		
City Costa Mesa				
State California ZIP Code + 4 92626				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name San Diego County Teamsters Employers Trust	Provide prescription benefits to t	ne trust		
Trade Name, if any: STEFA				
P.O. Box, Bldg., Room No., if any		ATTENDED TO A STATE OF THE STAT		
Street 2831 Camino del Rio South	11.b. Approximate dollar value of such dealing.	Compagnition of the compag		
City San Diego	12.a. Nature of interest held or income received.			
State California ZIP Code + 4 92108	July 29 - Golf	1687-04 de BONTondondo (15) <del>mantena a mantena a mantena a mantena a mantena de la colo</del> nto de la colonto de la co		
	12.b. Amount.			
	12.b. Ambunt.	\$65		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	t sper s <mark>am sakk tilla m</mark> arinandikatinsa someninon osakarastika suruka 7 sper (2017) del Å. 15/10/10/1		
Name  Name		To the state of th		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	tody nyo any sy sy formaty may may specific to you grow any so you from 1111 or 2011 or 11 hours in 1000 or 11 hours and 1000 or 1000.	го сътране то при то при		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	and of the highest hands an agree for her green and an array and a strain promise for her an agreement.		

A. Held an interest in, engaged in transactions (including loans) with, or derived in	ncome or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name if any).	
Name Gallo Wine Company	January 24 Dinner
	The state of the s
Trade Name, if any:	- The state of the
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 2650 Commerce Way	7.5. Altiount
Transferred College Co	
City Los Angeles	\$60
State California ZIP Code + 4 90040	
A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Gallo Wine Company	January 25 Brunch
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Trade Name, if any:	777
P.O. Box, Bldg., Room No., if any	The American
Change Co.	7.b. Amount.
Street 2650 Commerce Way	
City Los Angeles	\$60
The contraction of the contracti	
State California ZIP Code + 4 90040	
A. Held an interest in, engaged in transactions (including loans) with, or derived i	ncome or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	A Thomas (A for Application on the Application of t
City	
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State ZIP Code + 4	
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Form LM-30 (2003)

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File Number U-

#### Part B Continuation Page

	T = -	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Rael & Letson	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 250	X b. Trust	
Suite 230	Photosis is to	
Street One Harbor Center	c. Employer	
City Suisun City		
State California ZIP Code + 4 94585		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	BONDAR SIGNAR SIGNAR PROGRAM SIGNAR
Name San Diego County Teamsters Employers Trust	Consultant to the trust	200
Trade Name, if any: STEFA		
P.O. Box, Bldg., Room No., if any Suite 207		
Street 2831 Camino del Rio South		as a man in a significant part of the significant part
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	he was a second of the second
	12.a. Nature of interest held or income received.	
	Dinner 12/04	Dome As her
	12.b. Amount.	\$84

Name of Person Filing Shannon Silva		File Number <b>U</b> -
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		w.
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name California Dental Network	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 184	b. Trust	
form one dispersely destructive that the instance of the contract of the contr	c. Employer	
Street 1971 E. Street	C. Littployei	
City Santa Ana		
State California ZIP Code + 4 92705		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Med befolkelide gebolde authalia vort standinge a depende a gene en en geneembergegen geste standing en ge-
Name	Provide dental services to members	function and the state of the s
Trade Name, if any:	The state of the s	
P.O. Box, Bldg., Room No., if any		
Street		
City		Tree Charles recorded Concerns Mark State and England England England England England England England England
State California ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	e Sakhaniakah jermanyah Wagan di Sasancee an esendi sebese ongoz yang di sebishi di sebamaka ang
	February 2 - Lunch	
		· · · · · · · · · · · · · · · · · · ·
	12.b. Amount.	\$30

Name of Person Filing Shannon Silva	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).  Name California Dental Network  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 184	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
Street 1971 E Street  City Santa Ana	The state of the s
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	Provide dental services to members
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	March 16 - Lunch
	12.b. Amount. \$30

Name of Person Filing	Channon	Cilvo
reame or a croon raining	Snannon	SIIVa

File Number U-

## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Health Net  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 333 5 Arrayo Parkway  City Pasadena	a. Labor Organization  b. Trust  c. Employer	
State California ZIP Code +4 91105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name San Diego County Teamsters Employers Trust  Trade Name, if any: STEFA  P.O. Box, Bldg., Room No., if any  Street 2831 Camino del Rio South  City San Diego  State California ZIP Code + 4 92108	Health Care Provider  11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Sp
	January 29 - Golf	
	12.b. Amount.	\$80

Name of Person Filing Shannon Silva	File Number U-
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	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	o. Business deals with	
Name Health Net	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
Trace Name, II ally.	b. Trust	
P.O. Box, Bldg., Room No., if any	Section 1	
Street 333 S Firrayo Parkway	c. Employer	
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State California ZIP Code + 4 91105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ettem nijektilikki i 18jani padajitiga panaje sena a kitajana 1925 katika ilautuakia sebuna di padajita s
Name San Diego County Teamsters Employers Trust	Health Care Provider	
Trade Name, if any: STEFA	THE COLUMN TO TH	2000
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Street 2831 Camino del Rio South		
Caron 2931 Campino del RIO Solicii		
City San Diego		
State California ZIP Code + 4 92108	11 h Approximate della value of outside della value	participation for a permittive control terms of property of the exploration of the section of th
Consideration to a contract that distinct distinct and a contract and another contract another contract and anothe	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.  August 13 - Golf	nganonn diiridheanille, bid beilid hiy yekhed yez zilini, new tar tayba binded dekumin de aku eke eke e
	August 13 - Golf	
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		nobassi in monest tono neto tono mana anti mana sen nota nota nota nota neto neto paga pepel pepi pepi si pers
	12.b. Amount.	\$85

Name of Person Filing Shannon	Silva			ile Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Associated Third Party Administrators	grammery:	
Trade Name, if any:	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 207		
Street 2831 Camino Del Rio South	c. Employer	
City San Diego		
State California ZIP Code + 4 92108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Name San Diego County Teamsters Employers Trust		The special state of
Trade Name, if any: STEFA		
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P.O. Box, Bldg., Room No., if any Suite 207		***************************************
Street 2831 Camino del Rio South		
City San Diago		
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	haginad sharah eskeliki ( 2005), 2005 ki kandana eskeliki ( 2005), 2005 ki kandana eskeliki ( 2005), 2005 ki k
	April 8 - Golf	Commence (Assert
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		AMBRONIA ANDREW FAST TO CHARLE AN ARREST AN ARREST AND ARREST FOR A BOOK AND ARREST ARREST ARREST AND ARREST AND ARREST AND ARREST ARRE
	12.b. Amount.	\$56

Name of Person Filing Shannon Silva	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Associated Third Party Administrators	a. Labor Organization	
Trade Name, if any:	a autor organization	
P.O. Box, Bldg., Room No., if any Suite 207	b. Trust	
Street 2831 Camino del Rio South	c. Employer	e de la companya de l
City San Diego		***************************************
State California ZIP Code + 4 92108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name San Diego County Teamsters Employers Trust	Administer the trust	
Trade Name, if any: STEFA		· Annual Indian
P.O. Box, Bldg., Room No., if any Suite 207		
Street 2831 Camino del Rio South		
City San Diego		
The second secon		generally the great programment of the great p
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	element op sellet in in terminate op men op 1887 i 1885 in 1885
	October 19 - Golf	
	12.b. Amount.	\$56

Name of Person Filing Shannon	Silva		File Number U-	

8. Name and address of Business (including trade name, if any).  Name Associated Third Party Administrators  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 207  Street 2831 Camino del Rio South  City San Diego	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
State California ZIP Code + 4 92108		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name San Diego County Teamsters Employers Trust  Trade Name, if any: STEFA  P.O. Box, Bldg., Room No., if any Suite 207  Street 2831 Camino del Rio South  City San Diego  State California ZIP Code + 4 92108	11.a. Nature of such dealing.  Administer the trust  11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.  December 3 - Dinner  12.b. Amount.	**************************************

Name of Person Filing Shannon Silva	File Number <b>U-</b>

8. Name and address of Business (including trade name, if any).  Name Associated Third Party Administrators	9. Business deals with:  a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite207  Street 2831 Camino del Rio South  City San Diego  State California ZIP Code + 4 92108	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name San Diego County Teamsters Employers Trust	11.a. Nature of such dealing. Administer the trust
Trade Name, if any: STEFA  P.O. Box, Bldg., Room No., if any Suite 207  Street 2831 Camino del Rio South  City San Diego  State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	11/29-12/4 - Foundation Meeting - Airfare, Hotel, Taxi and meals
	12.b. Amount. \$1,850



# Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Shannon R Silva Print Name Mannon R Solva

8-12-05